



CITY OF NEWPORT BEACH
UTILITIES DEPARTMENT
WATER QUALITY DIVISION
P.O. BOX 1768, NEWPORT BEACH, CA 92658-8915
Cross Connections Specialist (949) 718-3412

Device No:

Name:

Address:

Location:

Serial No:

Size:

Make:

Type:

This device must be tested on or before:

IMPORTANT! ONLY THIS FORM WILL BE ACCEPTED FOR PROCESSING				
	Double Check Valve Assembly		Reduce Pressure Principle Assembly	PVB/SVB
	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	AIR INLET
INITIAL TEST	Held at _____ PSID Closed Tight ¢ Leaked ¢	Held at _____ PSID Closed Tight ¢ Leaked ¢	Opened at _____ PSID Did not Open ¢	Opened at _____ PSID Did not Open ¢
REPAIRS	Cleaned ¢ Replaced ¢ <u>List Parts Below</u>	Cleaned ¢ Replaced ¢ <u>List Parts Below</u>	Cleaned ¢ Replaced ¢ <u>List Parts Below</u>	CHECK VALVE Held at _____ PSID Leaked ¢
				Cleaned ¢ Replaced ¢
FINAL TEST	Held at _____ PSID	Closed Tight ¢ Held at _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments:

The above report is certified to be true

Tester Company

Co. Phone (Required)

Initial Test (Signature)

Print Name

Tester No.

Date

Final Test / Repairs (Signature)

Print Name

Tester No.

Date